

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000048655

Entity Name: JAMES R. LINKE, INC.

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8116 NAVARRE PKWY  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5187  
NAVARRE, FL 32566 US

**New Mailing Address:**

FEI Number: 59-3518091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LINKE, JAMES R  
8165 POMPANO ST.  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: LINKE, JAMES R  
Address: 8165 POMPANO ST.  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R. LINKE

PRES

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date